

## Application for OHS Quality Council Consumer Representatives

The Office of Health Strategy (OHS) is seeking healthcare consumers to serve on the Quality Council (QC). OHS's mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

### Background

#### Quality Council

This work group will recommend a core set of clinical quality measures, patient safety, consumer experience, and over-and under-utilization measures or benchmarks, including benchmarks and measures that are focused on eliminating health disparities among people of color and LGBTQ+ individuals to assess primary care, specialty, and hospital provider and public and private payer performance for the OHS [Cost Growth and Quality Benchmarks and Primary Care Target program](#), created by Governor Lamont's [Executive Order No.5](#). This work group will continue to make recommendations to OHS on a common provider scorecard format for use by all payers, will reassess quality measures and benchmarks on a regular basis to identify gaps, and incorporate new national clinical quality measures as appropriate to keep pace with clinical and technological practice. OHS aims to achieve top quintile performance among all states for key measures of quality of care and increase the proportion of providers and payers meeting quality targets. The Council will identify and formulate a plan for engaging key stakeholder groups to provide input to various aspects of the Council's work. The Council will also convene ad hoc design teams to resolve technical issues that arise in its work.

#### Quality Council Vision

The overarching vision of the Quality Council is to improve health outcomes for all Connecticut residents.

### Applicants

We seek consumers, advocates and others experienced in dealing with health conditions. We choose a diverse and balanced mix of participants, and will consider life experience, individual circumstances, source of health insurance, and race or ethnicity. Candidates should be comfortable sharing views, have good problem-solving skills, and be willing to work with others. We invite individuals with diverse experiences to apply.

*Serving as a Quality Council member provides an opportunity to learn about healthcare in Connecticut and to be a voice for consumers*

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### Consumer Member Responsibilities

- Engaging consumers and promoting community input on healthcare quality improvement and innovation strategies
- Ensuring meaningful consumer participation for healthcare policy decisions.
- Attend monthly meetings based on a schedule to be determined by the Council members (schedules are posted on the OHS [website](#)). (Meetings will be held virtually until further notice.)
- Members may also serve on QC subcommittees or work groups that support specific initiatives.

Name	Organization (if applicable)
Address/City/State/Zip Code	
Email Address	Phone Number
1. What does healthcare quality mean to you? (100 words or less)	
2. Why would you like to serve on the Quality Council? If applicable, describe any experience where you felt quality was compromised for your care or that of a family member or community member. (100 words or less)	
3. Describe your volunteer work experience in your community. List any and all organizations you have or are currently volunteering with.	
4. What would you bring to healthcare quality discussions and how would your participation contribute to the overall process of improving healthcare?	
5. Who do you work for and in what capacity? (if applicable)	
6. Do you have a possible conflict of interest? By conflict of interest we mean that you, or your employer, or your immediate family members could possibly benefit from the outcome of decisions made by OHS, financially or otherwise.	
7. By serving as a member of the QC you will be expected to attend one two-hour meeting every month. Work assignments, emails, or phone calls may be required between meetings. Are you able to devote the time necessary to be an active participant? ___ Yes    ___ No	
8. All QC work shall be available to the public including discussions, emails and any materials in any member's possession concerning the work. Such information is also subject to state freedom of information laws. Will you be comfortable with the requirement to provide any such information and for it to be made public? ___ Yes    ___ No	
9.. Describe your racial/ethnic background. (optional) <div style="display: flex; justify-content: space-between;"> <div>             ___ American Indian or Alaskan Native              ___ Black/African American (not of Hispanic or Latino origin)              ___ White (not of Hispanic or Latino origin)           </div> <div>             ___ Asian/Pacific Islander              ___ Hispanic or Latino              ___ Self Description: _____           </div> </div>	
10. What is your sex and gender identity? Check all that apply. (Optional) <div style="display: flex; justify-content: space-between;"> <div>             ___ Woman              ___ Man              ___ Genderqueer or non-binary           </div> <div>             ___ Transgender              ___ Agender              ___ Not specified , please specify _____           </div> </div>	

To learn more about the QC and our activities, contact: Leslie Greer at [Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)



or mail application to: OHS, PO Box 340308, 450 Capitol Avenue MS# 51OHS, Hartford, CT 06134-0308

*Please note that any information you share may become public, particularly regarding health conditions. You should share only that information that you are comfortable making public. If you wish, you may submit a one-page resume or a short bio with this application.*